

Dental Provider Training Checklist

This is a training checklist designed to provide an outline for Dental providers to understand the tools available for an Alabama Medicaid Provider. This is not an all-inclusive document; rather a guide to assist you with obtaining information for following policy, procedures, rules and regulations for Alabama Medicaid.

Top Five denials for Dental Providers:

Code	Explanation	Resolution
5005	Dental Duplicate Exact	Work Remittance Advices Timely, correct denials on claims prior to resubmission
513	Recipient Name/Number Disagree	Verify recipient eligibility prior to filing claims
823	Recipient Check Digit Missing or Invalid	Providers should verify eligibility prior to rendering services. Claims should be submitting using the 13 digit Medicaid number verified during the eligibility verification process
4036	BPA RP PROC Place of Service Restriction	Refer to provider manual to make sure proper procedure codes are being billed prior to claims submission
1002	Performing Prov Not Eligible for DOS	Ensure provider performing services is enrolled with Alabama Medicaid

DENTAL TOP 5 REASONS FOR RECOUPMENTS
1. Submitted radiographs did not support the medical necessity of the procedure(s) billed.
2. D9230 – The submitted documentation did not include written informed consent or medical necessity for analgesia.
3. D7140 – Documentation submitted did not indicate a reason for the extraction(s).
4. Submitted records contained insufficient documentation to support the medical necessity of the services billed.
5. Services billed without a signed informed consent.

As an enrolled Alabama Medicaid provider, you are responsible for ensuring that you and your employees or agents acting on your behalf comply with all of the requirements in the applicable provisions of State and Federal laws governing the Medicaid Program, the Alabama Medicaid Administrative Code and the Alabama Medicaid Provider Manual as amended.

Alabama Administrative Code

Outlines the rules and regulations for all Provider types must adhere to the Alabama Medicaid Program. It is updated as changes are identified. Currently, the Alabama Administrative Code

contains 63 Chapters. The table below includes but is not limited to important Chapters for Dentists and Staff.

Chapter	Overview
1 General	High level information for all providers-includes Administrative Code
2 Assuring High Quality Care	Discusses Medicaid's procedure for ensuring quality care for all recipients
3 Fair Hearings	Outlines Medicaid's procedures for fair hearing process
4 Program Integrity	Overview of Medicaid's Program Integrity Division
15 Dental Services	Outlines rules and regulations dental providers must adhere to in the Alabama Medicaid program
20 Third Party	Outlines policies related to recipient's with other insurance coverage
25 Medicaid Eligibility	General information related to recipient eligibility
26 Rules for Practice	Outlines general rules for Medicaid
27 Confidential Materials	Information on how recipient information should be protected
28 Forms	Outlines forms used by the Medicaid Agency
29 Definitions	Outlines common definitions used in Administrative Code
30 Emergency Rule Procedures	Outlines emergency rules for the Medicaid Agency
31 Declaratory Rulings	Outlines Declaratory Rulings for the Medicaid Agency
33 Recoupments and Liens	Information on how recoupments and liens are handled

Alabama Medicaid Provider Billing Manual:

Provider Manual is updated quarterly (January, April, July and October). The updates are indicated in the margins of the revised chapter and on the "Quarterly Revisions" page. Updates are posted to the Alabama Medicaid website at the following link: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx. The table below includes but is not limited to important Chapters for Dentists and Staff.

Chapter/Appendix	Overview
1 Introduction	How to use the Provider Manual
2 Becoming a Medicaid Provider	How to enroll as a Medicaid Provider
3 Verifying Recipient Eligibility	How to verify recipient eligibility and how to decipher eligibility information
4 Obtaining Prior Authorization	How to obtain authorization on services which require approval prior to being furnished
5 Filing Claims	How to properly complete claim forms for submission to Alabama Medicaid
6 Receiving Reimbursement	Information on understanding your Remittance Advice

Chapter/Appendix	Overview
7 Understanding Your Rights and Responsibilities as a Medicaid Provider	Explains important rules and regulations providers must follow with Alabama Medicaid
13 Dentist	This is one of your essential tools for information related to the dental program. This chapter contains important billing information
Appendix B - Electronic Media Claims Guidelines	Important information related to filing claims electronically
Appendix E – Medicaid Forms	Contains copies of forms required for filing requests to Medicaid and instructions for completion of the forms
Appendix F - Internal Control Numbers	How to read Internal Control Numbers assigned in claims processing
Appendix G - Non-Emergency Transportation	Explains how recipients can receive assistance getting to Medicaid covered appointments
Appendix J - Explanation of Benefit Codes	Table of claims processing codes
Appendix K – Top 200 Party Carrier Codes	Contains a list of other insurance carrier codes needed for claims processing when other commercial insurance is involved
Appendix L – Automated Voice Response System (AVRS)	How to use Medicaid’s Automated Voice Response System: a tool for checking eligibility, claims status and other functions
Appendix N - Medicaid Contact Information	Provides important contact information

Tools Available for Providers at no Charge:

Tool	Function
Medicaid Interactive Web Portal	Allows providers to submit a multitude of transactions and receive immediate response. Transactions include, but are not limited to the following: eligibility verification, claims submission, claim status, prior authorization submission and status and Remittance Advice download
Provider Electronic Solutions Software	Allows providers to submit a multitude of transactions in batch mode and receive responses within 15 minutes to 2 hours, transactions include: eligibility verification, claims submission, claim status, Prior Authorization submission and status
Automated Voice Response System (AVRS)	Allows providers to submit a multitude of transactions telephonically and receive fax back information, if requested, some transactions include: Eligibility verification, claims submission, procedure code pricing information

Personal Contact Information for Billing Assistance:

HP is the Fiscal Agent for Alabama Medicaid. The following services are available through HP at no charge to Providers.

Department	Function	Contact Number
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Department	Function	Contact Number
Provider Assistance Center	Assist Providers with basic billing questions, procedure code reimbursement information and general questions	1-800-688-7989
Electronic Media Claims	Assist providers with Provider Electronic Solutions, vendor related issues, electronic transmission and pharmacy-related billing issues. This unit also access providers with the issues user ID's and passwords for the Agency's Secure Website Portal	1-800-456-1242
Provider Enrollment	Assists with new provider enrollment and basic provider enrollment functions	1-888-223-3630 Option 1
Provider Re-enrollment	Assists with ongoing re-enrollment of providers	1-888-223-3630 Option 2
Provider Relations Representatives	Assists providers with in-depth billing issues and training on Provider Electronic Solutions and Medicaid's Interactive Web Portal. Available for telephonic consultation, e-mail assistance or on-site training and workshops.	1-855-523-9170 Refer to Medicaid website for 7 digit extensions. Go to http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6_Provider_Representatives.aspx
Alabama Medicaid Dental Program Manager	Program Manager, Dental Program Available for assistance on Policy issues related to Alabama Medicaid. Billing questions should be routed to HP using above contact information.	(334) 353-5263